## L14000117896

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## COVER LETTER

	Division of Corporations		
SUBJE	CT: CONNECT HOME LLC		
501702		e of Limited Liab	nility Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please re	eturn all correspondence concerning thi	s matter to the fo	llowing:
CHRIS	STINA HERNANDEZ		
	Name of Person	<u> </u>	-
CONN	ECT HOME LLC		
***************************************	Firm/Company		-
9250 B	BELVEDERE ROAD, SUITE 101		
	Address		•
ROYA	L PALM BEACH, FLORIDA 3341	1	
	City/State and Zip Code		•
CMHE	RNANDEZ1085@GMAIL.COM		
E-1	mail address: (to be used for future annu	ial report notifica	ition)
For furth	ner information concerning this matter,	please call:	
CHRIS	TINA HERNANDEZ	561	288-8568
	Name of Person		Area Code & Daytime Telephone Number
i 1 ( 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a check for the following amount:			
(	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy
INHS18 (	(2/14).		•

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	ame of the limited liability company:	IOME L	LLC
(a)	•	(\	(b)
( / _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9250 BELVEDERE ROAD, SUITE 101		9250 Belveden Road, Suite
	ROYAL PALM BEACH, FL. 33411		Royal Palm Booch, FL. 33411
	07/28/2014		L14000117896
	Date of filing/registration in Florida	4.	Document number
(a)	REITZ, TONY		•
(a)	Registered Agent and Registered Office shown on the records of 197 S FEDERAL HIGHWAY	the Florid	ida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET SUITE 200	ADDRES:	<u></u>
	BOCA RATON FI	33432	2
(b)	CNOW Delta III NOW Delta III		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office au	
	CHRISTINA HERNANDEZ		
	NEW Registered Office Address:		
	9250 BELVEDERE ROAD, SUITE 101	·····	
	ROYAL PALM BEACH . FI	33411	1
cha ent w s/we	mited liability company is not organized under the la	ws of the f the regi ability co of the lim	he State of Florida, it is hereby confirmed that after gistered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in
ignat	ure in member or authorized representative of a member		Printed or typed name of signee
ovisie obli mese	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in ( hereby c	act in this capacity. I further agree to comply with the mance of my duties, and I am Jumiliar with and accept to Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
natui	re of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00